

CLAIMS ONLY							Application Number		Filing Date				
							Applicant(s)						
							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						51						
2		/					52						
3		/					53						
4		/					54						
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20		/					70						
21		2					71						
22		3					72						
23		/					73						
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27		/					77						
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47							97						
48							98						
49							99						
50							100						
Total Indep	←		←		←		Total Indep	←		←		←	
Total Depend	←		←		←		Total Depend	←		←		←	
Total Claims							Total Claims						

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